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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 219.41809X00	
		First Inventor Mohamad A. SHAHEEN et al.	
		Title	ARRANGEMENTS INCORPORATING LASER-INDUCED CLEAVING
		Express Mail Label No.	
APPLICATION ELEMENTS <i>SEE MPEP chapter 600 concerning patent application contents.</i>		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents POB 1450 Alexandria, Virginia 22313-1450	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages: 44] -Descriptive title of the invention (or title page) -Cross Reference to Related Applications -Statement Regarding Fed sponsored R & D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (if filed) -Detailed Description -Claim(s) -Abstract of the Disclosure			
4. <input checked="" type="checkbox"/> Drawing(s)(35 U.S.C. 113) [Total Pages-07: Eigs 1-15] 5. Oath or Declaration [Total Pages: ____] <ul style="list-style-type: none"> a. <input type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63 (d)) <i>(for continuation/divisional with Box 18 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) Named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b) ii. <input checked="" type="checkbox"/> FILED WITHOUT DECLARATION 6. <input type="checkbox"/> Application Data Sheet (See 37 CFR §1.76)			
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)			
8. Nucleotide and/or Amino Acid Sequence Submission <i>if applicable, all necessary</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 			
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment(s)/Recordation Cover Form(s) PTO-1595			
10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <i>(when there is an assignee) (In Declarations)</i>			
11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i>			
12. <input checked="" type="checkbox"/> Information Disclosure <input checked="" type="checkbox"/> Copies/IDS Refs. Statement (IDS)/PTO-1449			
13. <input type="checkbox"/> Preliminary Amendment			
14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>			
15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>			
16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.			
17. <input checked="" type="checkbox"/> Other: Form PTO-2038 (Codes 1001/1202)			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Division <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:			
Prior application information: Examiner: Group Art Unit: CONTINUATION/DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.			
19. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer No./Bar Code Label <i>(Insert Customer No/Attach bar code label here)</i>		020457 or <input checked="" type="checkbox"/> Correspondence address below	
Name ANTONELLI, TERRY, STOUT & KRAUS, LLP			
Address 1300 North Seventeenth Street			
Address Suite 1800			
City Arlington		State VA	Zip Code 22209-3801
Country USA		Telephone 703-312-6600	Fax 703-312-6666
Name Paul J. SKWIERAWSKI	Registration No. (Attorney/Agent)		32,173
Signature 			Date 28 August 2003

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08/28/03

PTO/SB/17 (10-01)

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FEE TRANSMITTAL for FY 2002

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$ 1,398.00)

Complete if Known

Application Number	Unassigned
Filing Date	28 August 2003
First Named Inventor	Mohamad A. SHAHEEN et al.
Examiner Name	Unassigned
Group Art Unit	Unassigned
Attorney Docket No.	219.41809X00

METHOD OF PAYMENT

FEE CALCULATION (continued)

1. The Commissioner is hereby authorized to charge

DEFICIENCIES indicated to:

Deposit Account Number 01-2135

Deposit Account Name ATS&K

 Charge Any Additional Fee Required

Under 37 CFR 1.16 and 1.17

 Applicant Claims small entity status.

See 37 CFR 1.27

2. Payment Enclosed: Check Credit Card Money Order Other

FEE CALCULATION

2. BASIC FILING FEE

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001	750	201	370 Utility filing fee
106	330	206	165 Design filing fee
107	510	207	255 Plant filing fee
108	740	208	370 Reissue filing fee
114	160	214	80 Provisional filing fee

SUBTOTAL (1)

\$750.00

1. EXTRA CLAIM FEES

Extra Claims		Fee from below	Fee Paid
Total Claims	56-20**	= 36	x\$18 = \$648.00
Indep. Claims	1-3**	= 0	x\$ 84 = \$00
Multiple Dependent			= \$00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	84	202 42 Independent claims in excess of 3
104	280	204 140 Multiple dependent claim, if not paid
109	84	209 42 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$648.00

**or number previously paid, if greater; For Reissues, see above.

3. ADDITIONAL FEES

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105	130	205 65 Surcharge – late filing fee or oath	
127	50	227 25 Surcharge – late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examination action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	400	216 200 Extension for reply within second month	
117	920	217 460 Extension for reply within third month	
118	1,440	218 720 Extension for reply within fourth month	
128	1,960	228 980 Extension for reply within fifth month	
119	320	219 160 Notice of Appeal	
120	320	220 160 Filing a brief in support of an appeal	
121	280	221 140 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive – unavoidable	
141	1,280	241 640 Petition to revive – unintentional	
142	1,280	242 640 Utility issue fee (or reissue)	
143	460	243 230 Design issue fee	
144	620	244 310 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR 1.17(q)	
126	180	126 180 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	740	246 370 For each additional invention to be examined (37 CFR § 1.129(a))	
149	740	249 370 For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279 370 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify)			

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$00

SUBMITTED BY

Complete (if applicable)

Name (Print/Type)	Paul J. SKWIERAWSKI	Registration No. (Attorney/Agent)	32,173	Telephone	703-312-6600
Signature				Date	28 August 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.